STATEMENT OF

FORM 1	ORGANIZ (See instru			Office use only
NAME OF COMMITTEE (in f	(Check if name is changed)	Example: If typying, ty over the lines	^{/pe} 12FE4M5	
Common Sens	se Common Solutions Politica	al Action Committee		
ADDRESS (number and s	901 N Washington	n St, Suite 102		
(Check if address is changed)	Alexandria		L <mark>VA</mark> [22314
		CITY▲	STATE▲	ZIP CODE ▲
COMMITTEE'S E-MAI (Check if address is changed)	L ADDRESS (Please provide only one tim@kochandhoc			
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
(Check if address is changed)				
2. DATE 0.4				
3. FEC IDENTIFICA	TION NUMBER	C C00345058		
4. IS THIS STATEM	ENT NEW (N) OF	AMENDED	(A)	
I certify that I have examin	ned this Statement and to the best of my	knowledge and belief it is true, c	orrect and complete	
Type or Print Name of	Treasurer Theodore V. h	Koch		
Signature of Treasurer	Electronically Filed by Theodo	ore V. Koch	Date 0 4	/ 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fal	se, erroneous, or incomplete information	may subject the person signing	•	-
Office Use Only		For further infor Federal Election (Toll Free 800-424	Commission 4-9530	FEC FORM 1 (Revised 02/2009)